

TIPP CITY RESIDENT INCOME TAX QUESTIONNAIRE

(THE CITY OF TIPP CITY HAS A MANDATORY FILING REQUIREMENT FOR ALL RESIDENTS AGE 18 AND OLDER EVEN IF THERE IS NO TAX DUE. THIS INCLUDES RESIDENTS WHO DID NOT WORK, WHO MAY HAVE BEEN SUPPORTED BY A SPOUSE, FAMILY MEMBER, FRIEND OR RECEIVED SOME OTHER FORM OF NON-TAXABLE ASSISTANCE. EXEMPTIONS MAY BE GRANTED TO RESIDENTS WHO ARE RETIRED AND/OR PERMANENTLY DISABLED THAT DO NOT PLAN OR CANNOT RETURN TO THE WORK FORCE.)

PLEASE LEGIBLY COMPLETE ALL ITEMS AND RETURN TO:

TIPP CITY DEPARTMENT OF TAXATION, 260 S. GARBER DR., TIPP CITY, OH 45371

QUESTIONS? CALL (937) 667-8426 OR EMAIL INCOMETAX@TIPPCITY.NET

OFFICE USE ONLY
TAX# _____
UTY# _____

ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND IS USED FOR CITY INCOME TAX PURPOSES ONLY.

YOUR NAME _____ DOB _____ SS# _____ - _____ - _____

EMPLOYER'S NAME _____ EMPLOYMENT CITY _____ () SELF EMPLOYED

SPOUSE/COMPANION'S NAME _____ DOB _____ SS# _____ - _____ - _____

EMPLOYER'S NAME _____ EMPLOYMENT CITY _____ () SELF EMPLOYED
() CHECK HERE IF YOU OR YOUR SPOUSE/COMPANION PREVIOUSLY FILED A TIPP CITY INCOME TAX RETURN

CURRENT ADDRESS _____ DATE MOVED IN _____

FORMER ADDRESS _____ DATE MOVED OUT _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____
() CHECK HERE IF WE CAN CONTACT YOU BY EMAIL

GIVE NAME, BIRTH DATE AND SS# OF ALL OTHERS RESIDING AT THIS ADDRESS:

_____ DOB _____ SS# _____	_____ DOB _____ SS# _____
_____ DOB _____ SS# _____	_____ DOB _____ SS# _____
_____ DOB _____ SS# _____	_____ DOB _____ SS# _____

IF RETIRED, INDICATE DATE OF RETIREMENT(S) YOURS _____ SPOUSE _____

IF YOU ARE RETIRED, DO YOU HAVE ANY EARNED INCOME FROM PART TIME EMPLOYMENT () YES () NO

LIST SOURCES OF ALL RETIREMENT INCOME _____
(IE PENSION, SOCIAL SECURITY, INTEREST, DIVIDENDS, ETC)

IF DISABLED, INDICATE DATE OF DISABILITY YOURS _____ SPOUSE _____
(ONLY APPLIES TO THOSE PERMANENTLY DISABLED)

LIST ALL SOURCES OF INCOME _____
(IE PENSION, SOCIAL SECURITY, INTEREST, DIVIDENDS, ETC)

BY SIGNING THIS FORM, I/WE ACKNOWLEDGE THAT ALL STATEMENTS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

SIGNATURE

DATE

SPOUSE/COMPANION'S SIGNATURE

DATE